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*Proposed Counsel to the Debtor*

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK  
-----X

In re:

Case No.: 15-23772

FAM MOZA CORP.,  
D.B.A. MAYA COCINA & TEQUILA BAR,

Debtor.

Chapter 11

-----X

**DEBTOR'S DECLARATION PURSUANT TO 11 U.S.C. § 1116**

Jose L. Torres, president of the above-captioned debtor in possession ("Debtor"), hereby declares, to the best of his knowledge and belief, that the foregoing is accurate and true:

1. The Corporation filed a Chapter 11 petition on September 30, 2016. It operates a restaurant in Bronx County.

2. I retained the services of Ortiz & Ortiz, L.L.P., as my bankruptcy counsel ("Counsel") and The Law Office of Jose A. Rodriguez as my general and state court counsel. I understand that the firms' retention is subject to the Court's approval.

3. Counsel informed me that the Debtor is a small business debtor, as defined in 11 U.S.C. § 101(51D), and it is required to do the following:

(1) append to the voluntary petition its most recent balance sheet, statement of operations, cash-flow statement, and Federal income tax return; or

(2) append a statement made under penalty of perjury that no balance sheet, statement of operations, or cash-flow statement has been prepared and no Federal tax return has been filed.

4. Attached is the Debtor's most recent Federal income tax return.
5. I do not have current access to the following, but will provide as soon as possible:
  - A. most recent balance sheet,
  - B. most recent statement of operations, and
  - C. most recent cash-flow statement.

I declare, under the penalty of perjury, that the foregoing is accurate and true.

Dated: January 4, 2016  
Scarsdale, New York

/s/Gregorio Cordero  
Gregorio Cordero, President

## **Most Recent Tax Returns**

Form **1120**

Department of the Treasury  
Internal Revenue Service

**U.S. Corporation Income Tax Return**

For calendar year 2014 or tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_

OMB No. 1545-0123

**2014**

Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**A Check if:**

- 1 **a** Consolidated return (attach Form 851) ☐  
**b** Life/nonlife consolidated return ☐  
 2 Personal holding co. (attach Sch PH) ☐  
 3 Personal service corp (see instructions) ☐  
 4 Schedule M-3 attached ☐

**TYPE  
OR  
PRINT**

Name

FAM MOZA CORP

Number, street, and room or suite number. If a P.O. box, see instructions.

706 CENTRAL PARK AVENUE

City or town, state, or province, country and ZIP or foreign postal code

SCARSDALE

NY 10583

**B** Employer identification number

45-3829320

**C** Date incorporated

11/10/2011

**D** Total assets (see instructions)

\$ 77,039.

**E** Check if:

(1)

Initial return

(2)

Final return

(3)

Name change

(4)

Address change

INCOME	1 a	Gross receipts or sales	1 a	738,087.
	b	Returns and allowances	1 b	
	c	Balance. Subtract line 1b from line 1a	1 c	738,087.
	2	Cost of goods sold (attach Form 1125-A)	2	419,208.
	3	Gross profit. Subtract line 2 from line 1c	3	318,879.
	4	Dividends (Schedule C, line 19)	4	
	5	Interest	5	
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions — attach statement)	10		
11	<b>Total income.</b> Add lines 3 through 10	11	318,879.	
DEDUCTIONS	12	Compensation of officers (see instructions — attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	122,763.
	17	Taxes and licenses	17	1,705.
	18	Interest	18	1,057.
	19	Charitable contributions	19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	5,247.
	21	Depletion	21	
	22	Advertising	22	6,755.
23	Pension, profit-sharing, etc. plans	23		
24	Employee benefit programs	24		
25	Domestic production activities deduction (attach Form 8903)	25		
26	Other deductions (attach statement) See Other Deductions Statement	26	108,883.	
27	<b>Total deductions.</b> Add lines 12 through 26	27	246,410.	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	72,469.	
CROSS-REFUNDABLE	29 a	Net operating loss deduction (see instructions)	29 a	72,469.
	b	Special deductions (Schedule C, line 20)	29 b	
	c	Add lines 29a and 29b	29 c	72,469.
30	<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30	0.	
31	Total tax (Schedule J, Part I, line 11)	31		
32	Total payments and refundable credits (Schedule J, Part II, line 21)	32		
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33		
34	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34		
35	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
36	Enter amount from line 35 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☐ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name

STEPHEN J. GANNS, CPA

Preparer's signature

STEPHEN J. GANNS, CPA

Date

06/09/15

Check ☒ if

self-employed

PTIN

P00206283

Firm's name

STEPHEN J. GANNS, CPA

Firm's address

7-11 SOUTH BROADWAY SUITE 209

WHITE PLAINS

NY 10601

Firm's EIN

13-3788282

Phone no.

(914) 682-7007

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45-3829320

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**Schedule D Dividends and Special Deductions**  
(see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3 Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		80	
8 Dividends from wholly owned foreign subsidiaries . . . . .		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11 Dividends from affiliated group members . . . . .		100	
12 Dividends from certain FSCs . . . . .		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . . . . .			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471) . . . . .			
15 Foreign dividend gross-up . . . . .			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17 Other dividends . . . . .			
18 Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 . . . . .			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b . . . . .			

Form 1120 (2014)

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**Schedule J Tax Computation and Payment** (see instructions)**Part I – Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)		2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3.		4
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e.		6
7	Subtract line 6 from line 4.		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method – completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method – income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions – attach statement)	9f	
10	<b>Total.</b> Add lines 9a through 9f.		10
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31.		11

**Part II – Payments and Refundable Credits**

12	2013 overpayment credited to 2014.		12
13	2014 estimated tax payments.		13
14	2014 refund applied for on Form 4466		14
15	Combine lines 12, 13, and 14.		15
16	Tax deposited with Form 7004		16
17	Withholding (see instructions).		17
18	<b>Total payments.</b> Add lines 15, 16 and 17		18
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement – see instructions)	19d	
20	<b>Total credits.</b> Add lines 19a through 19d.		20
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32		21

**Schedule K Other Information** (see instructions)

1	Check accounting method	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify) ▶		Yes	No
2	See the instructions and enter the:						
a	Business activity code no. ▶	722511					
b	Business activity ▶	RESTAURANT					
c	Product or service ▶	RESTAURANT					
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶						X
4	At the end of the tax year:						
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)						X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)					X	

BAA

CPCA0234 01/05/15

Form 1120 (2014)

**Schedule K Other Information** *continued* (see instructions)

5 At the end of the tax year, did the corporation:

Yes	No
	X

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions . . . . .
- If 'Yes,' complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions . . . . .
- If 'Yes,' complete (i) through (iv) below.

Yes	No
	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) . . . . .
- If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions.

Yes	No
	X

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

- 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? . . . . .
- For rules of attribution, see section 318. If 'Yes,' enter:

Yes	No
	X

(i) Percentage owned ▶ \_\_\_\_\_ and (ii) Owner's country ▶ \_\_\_\_\_

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ \_\_\_\_\_

- 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . ☐
- If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \_\_\_\_\_

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ \_\_\_\_\_

- 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . . ☐
- If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a) ▶ \$ \_\_\_\_\_ 84,342

- 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? . . . . .

Yes	No
	X

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ \_\_\_\_\_

- 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? . . . . .
- If 'Yes,' complete and attach Schedule UTP.

Yes	No
	X

- 15 a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099? . . . . .

Yes	No
	X

b If 'Yes,' did or will the corporation file required Forms 1099? . . . . .

- 16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? . . . . .

Yes	No
	X

- 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? . . . . .

Yes	No
	X

- 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? . . . . .

Yes	No
	X

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45-3829320

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Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash . . . . .				2,593.
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .				
3	Inventories . . . . .		0.		
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .	30,000.		30,000.	
b	Less accumulated depreciation . . . . .	11,634.	18,366.	15,920.	14,080.
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .				
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .	70,000.		70,000.	
b	Less accumulated amortization . . . . .	4,967.	65,033.	9,634.	60,366.
14	Other assets (attach statement) . . . . .				
15	Total assets . . . . .		83,399.		77,039.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		122,529.		62,989.
17	Mortgages, notes, bonds payable in less than 1 year . . . . .		57,485.		35,235.
18	Other current liabilities (attach stmt) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock: a Preferred stock . . . . .			2,000.	2,000.
	b Common stock . . . . .				
23	Additional paid-in capital . . . . .				
24	Retained earnings -- Approp (all stmt) . . . . .				
25	Retained earnings -- Unappropriated . . . . .		-96,615.		-23,185.
26	Adjmt to shareholders' equity (all stmt) . . . . .				
27	Less cost of treasury stock . . . . .				
28	Total liabilities and shareholders' equity . . . . .		83,399.		77,039.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books . . . . .	73,430.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .			Tax-exempt interest \$	
3	Excess of capital losses over capital gains . . . . .				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . . \$ 4,286.		a	Depreciation . . . . \$ 5,247.	
b	Charitable contributions . . . . \$		b	Charitable contribns \$	
c	Travel & entertainment . . . . \$				
		4,286.			5,247.
6	Add lines 1 through 5 . . . . .	77,716.	9	Add lines 7 and 8 . . . . .	5,247.
			10	Income (page 1, line 28) -- line 6 less line 9 . . . . .	72,469.

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year . . . . .	-96,615.	5	Distributions . . . . . a Cash . . . . .	
2	Net income (loss) per books . . . . .	73,430.		b Stock . . . . . c Property . . . . .	
3	Other increases (itemize):		6	Other decreases (itemize):	
			7	Add lines 5 and 6 . . . . .	
4	Add lines 1, 2, and 3 . . . . .	-23,185.	8	Balance at end of year (line 4 less line 7) . . . . .	-23,185.



Form

**1125-A**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service**Cost of Goods Sold**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

OMB No. 1545-2225

Name

Employer identification number

FAM MOZA CORP

45-3829320

1	Inventory at beginning of year . . . . .	1	0.
2	Purchases . . . . .	2	207,152.
3	Cost of labor . . . . .	3	92,810.
4	Additional section 263A costs (attach schedule) . . . . .	4	
5	Other costs (attach schedule). . . . . See Other Costs Statement	5	119,246.
6	<b>Total.</b> Add lines 1 through 5 . . . . .	6	419,208.
7	Inventory at end of year . . . . .	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions). . . . .	8	419,208.

9 a Check all methods used for valuing closing inventory:

(i) ☐ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation) . . . ▶b Check if there was a writedown of subnormal goods . . . . . ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (If checked, attach Form 970) . . . . . ▶ ☐d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . . 9d ☐e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . . . ☐ Yes ☒ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation . . . . . ☐ Yes ☒ No

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1125-A (Rev 12-2012)

## Name: \_\_\_\_\_

► See instructions.

OMB No. 1545-0123

FAM MOZA CORP

Employer Identification number (EIN)

45-3829320

**Environ**

**Complete columns (i) through (v) below for any foreign or domestic corporation not included in (a).**

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

## Part II

**Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for each individual or estate.

Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

[illegible]

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service(99) Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

FAM MOZA CORP

Business or activity to which this form relates

Identifying number

45-3829320

Form 1120 Line 20

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014.	17	5,247.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	5,247.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate Instructions.

FD120812 06/24/14

Form 4562 (2014)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . .						Yes		No		24 b If 'Yes,' is the evidence written? . . . . .						Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction			(i) Elected section 179 cost									
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .										25									
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .										28									
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .										29									

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year . . . . .						
32 Total other personal (noncommuting) miles driven . . . . .						
33 Total miles driven during the year. Add lines 30 through 32 . . . . .						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? . . . . .						
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
36 Is another vehicle available for personal use? . . . . .						

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year . . . . .					
					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44
					4,667.

## IRS e-file Authentication Statement

2014

Keep for your records

Name(s) Shown on Return	Employer ID Number
FAM MOZA CORP	45-3829320

**A – Practitioner PIN Authorization**

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) . . . . . ☒

ERO entered Officer's PIN . . . . . ☐

**B – Signature of Electronic Return Originator****ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the corporation. If the corporation furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the corporation. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 132168 Self-Select PIN 27007

**C – Signature of Officer****Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure:**

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

**Electronic Funds Withdrawal Consent (If applicable):**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, If applicable, by entering my self-selected PIN below.

Officer's PIN . . . . . 29320

Date . . . . . 06/09/2015

**Corporation Information Worksheet**

**2014**

► Keep for your records

**Part I – Identifying Information**

Employer Identification Number . . . 45-3829320

Name . . . . . FAM MOZA CORP

Address . . . . . 706 CENTRAL PARK AVENUE

City . . . . . SCARSDALE State NY U.S. ZIP Code 10583

Province/State . . . . . Foreign Postal Code . . . . .

Foreign Code . . . . . Foreign Country . . . . .

Telephone . . . . . (914) 437-9388

Extension . . . . .

Fax . . . . .

E-mail Address . . . . .

☐  
☐

Eligible for qualified disaster area tax relief benefits

Election to use straight line depreciation and claim credit for AMT or Research credit.

**Part II – Type of Return**

☐

Prepare Form 1120-H

☐

Prepare Schedule PH

**Part III – Tax Year and Filing Information**

☒  
☐  
☐

Calendar year

Fiscal year — Ending month . . . . .

Short year — Beginning date . . . . . Ending date . . . . .

Date Incorporated . . . . . 11/10/2011

**1120-H filers only:** Date association formed . . . . .

☐

Use general method of annualization to calculate regular tax for short year

IRS Service Center where corporation return is filed . . . . . Cincinnati, OH 45999-0012

☒

Corporation is enrolled in the Electronic Federal Tax Payment System (EFTPS)

**Part IV – 2014 Estimated Tax Payments**

Amount of 2013 overpayment credited to 2014 estimated tax . . . . .

Payment Quarters	Due Date	Actual Payment Date	Amount Paid
First Quarter Payment . . . . .	<u>04/15/14</u>		
Second Quarter Payment . . . . .	<u>06/16/14</u>		
Third Quarter Payment . . . . .	<u>09/15/14</u>		
Fourth Quarter Payment . . . . .	<u>12/15/14</u>		
Additional Payment 1 . . . . .			
Additional Payment 2 . . . . .			
Additional Payment 3 . . . . .			
Additional Payment 4 . . . . .			

**Part V – Electronic Filing Information**

**Electronic Filing:**

- ☒ File the federal return electronically  
☒ File the state(s) electronically

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *
New York State Corporation

☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- ☒ Sign this return electronically using the Practitioner PIN  
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . . 29320

Date PIN entered . . . . . 06/09/2015

**Information required for Electronic Filing:**

Officer's Name . . GREGORIO CORDERO

**QuickZoom** to the Electronic Filing Information Worksheet . . . . .

**Electronic Filing of Extensions:**

- ☐ Check this box to file federal **Form 7004** (application for extension of time to file return) electronically  
☐ Check this box to file the state extension(s) electronically;

(CT, FL, LA, MA, MD, NY, PA, TN & TX Extensions: UT Extension Payment )

\* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

**Electronic Filing of Estimated Payments:**

- ☐ Check this box to file the state estimated payments electronically (CT, FL, NY, TN & NY City only)

\* Select the estimated quarterly payment to file electronically. (Multiple quarters can be entered)

State(s) *

**Electronic Filing of Amended Return:**

- ☐ Check this box to file a federal **amended return** electronically  
☐ Check this box to file the state and/or city amended return(s) electronically

\* Select the state and/or city amended return(s) to file electronically.

State(s) *

☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

FAM MOZA CORP

45-3829320 Page 3

**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Use **direct deposit** of any **federal tax refund**?

Use **electronic funds withdrawal** of **federal balance due** (EF only)?

Use **electronic funds withdrawal** of **Form 7004 balance due** (EF only)?

Use **electronic funds withdrawal** of **amended return balance due** (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

**Bank Information**

Name of Financial Institution (optional) . . . . .

Check the appropriate box . . . . . ☐ Checking ☐ Savings

Routing number . . . . .

Account number . . . . .

**Payment Information**

Enter the payment date to withdraw tax payment . . . . .

Balance due amount from this return . . . . .

Enter an amount to withdraw tax payment . . . . .

If partial payment is made, the remaining balance due . . . . .

**QuickZoom** to Form 1120, pages 1 and 2 . . . . . ▶  
**QuickZoom** to Form 1120-H, . . . . . ▶  
**QuickZoom** to Client Status . . . . . ▶



- Keep for your records

2014

Name FAM MOZA CORP		Employer Identification No. 45-3829320
1	Accounting	1
2	Amortization	2 4,667.
3	Automobile and truck expense	3 3,419.
4	Bank charges	4 2,033.
5	Cleaning	5
6	Commissions	6
7	Computer services and supplies	7
8	Credit and collection costs	8
9	Delivery and freight	9
10	Discounts	10
11	Dues and subscriptions	11
12	Equipment rent	12
13	Gifts	13
14	Insurance	14 11,658.
15	Janitorial	15
16	Laundry and cleaning	16
17	Legal and professional	17 4,583.
18 a	Meals and entertainment, subject to 50% limit	18 a
b	Meals and entertainment, subject to 80% limit	b
c	Meals and entertainment, allowed at 100%	c
d	Less disallowed	d
e	Meals and entertainment, net	18 e
19	Miscellaneous	19
20	Office expense	20 48.
21	Ordinary loss from partnerships	
	Name: Amount:	
	EIN:	
	Addr:	
	City:	
	State: ZIP:	
	Foreign:	
22	Outside services/independent contractors	22 850.
23	Parking fees and tolls	23
24	Permits and fees	24
25	Postage	25
26	Printing	26
27	Security	27
28	Supplies	28
29	Telephone	29
30	Tools	30
31	Training/continuing education	31
32	Travel	32
33	Uniforms	33
34	Utilities	34 74,449.
35	Other (itemize):	35
	PAYROLL PROCESSING FEES	1,537.
	LEASED EQUIPMENT	5,639.
36	Total	36 108,883.



Form 1120, Line 29a

**Net Operating Loss Worksheet**

**2014**

Name FAM MOZA CORP	Employer Identification Number 45-3829320
-----------------------	----------------------------------------------

**CURRENT LAW: Two year carryback, twenty year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2013 . . . . .	83,195.		83,195.
2012 . . . . .			
2011 . . . . .	1,147.		1,147.
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			
1997 . . . . .			
Total new law . . . . .	84,342.		84,342.

**OLD LAW: Three year carryback, fifteen year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011 . . . . .			
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			
1997 . . . . .			

Total old law. . . . .

FAM MOZA CORP

45-3829320

**Net Operating Loss Summary**

<b>NOL Carryover Year</b>	<b>A NOL Carryover Available</b>	<b>B Deduction Allowed in Current Year</b>	<b>C Adjustment Under Section 172(b)(2)</b>	<b>D Remaining Carryover 20 Years</b>	<b>E Remaining Carryover 15 Years*</b>
2013 . . . . .	83,195.	71,322.		11,873.	
2012 . . . . .					
2011 . . . . .	1,147.	1,147.			
2010 . . . . .					
2009 . . . . .					
2008 . . . . .					
2007 . . . . .					
2006 . . . . .					
2005 . . . . .					
2004 . . . . .					
2003 . . . . .					
2002 . . . . .					
2001 . . . . .					
2000 . . . . .					
1999 . . . . .					
1998 . . . . .					
1997 . . . . .					
Totals . . . . .	84,342.	72,469.		11,873.	
Less: Carryover expiring due to 15-year limitation . . . . .					
Add: Current year net operating loss . . . . .					
Less: Carryback of current year net operating loss . . . . .					
Net operating loss carryover to next year. . . . .					11,873.

\* The 15 year carryover based on the Old Law reached it's final carryover year.

Form 1120

**Carryovers/Carryforwards Worksheet**

**2014**

► Keep for your records

Name as Shown on Return <u>FAM MOZA CORP</u>		Employer ID No. <u>45-3829320</u>
	<b>To Current Year</b>	<b>To Next Year</b>
<b>Form 1120:</b>		
Contributions carryover . . . . .		
Net Operating Loss carryover . . . . .	84,342.	11,873.
AMT Net Operating Loss carryover . . . . .		
<b>Schedule D (Form 1120):</b>		
Unused capital loss carryover . . . . .		
Less current year capital loss carried back . . . . .		
Carryover expiring next year due to 5 year limitation . . . . .		
Capital loss carryover to next year . . . . .		
<b>Form 2220:</b>		
Tax . . . . .		
<b>Form 4562:</b>		
Section 179 carryover . . . . .		
<b>Form 4797:</b>		
Nonrecaptured net Section 1231 losses — 2009 . . . . .		
Nonrecaptured net Section 1231 losses — 2010 . . . . .		
Nonrecaptured net Section 1231 losses — 2011 . . . . .		
Nonrecaptured net Section 1231 losses — 2012 . . . . .		
Nonrecaptured net Section 1231 losses — 2013 . . . . .		
Nonrecaptured net Section 1231 losses — 2014 . . . . .		
Total nonrecaptured net Section 1231 loss carryforwards . . . . .		
<b>Form 8827:</b>		
Prior year Alternative Minimum Tax from Form 4626 . . . . .		
Minimum tax credit carryforward . . . . .		
<b>Form 3800:</b>		
General business credit carryforward . . . . .		

## Form 4562

FAM MOZA CORP

Form 1120 - Line 20

## Depreciation and Amortization Report

Tax Year 2014

- Keep for your records

2014

45-3829320

[illegible]

Code: S = Sold, A = Auto, L = Listed, C = COGS







**Corporation Five Year Tax History****2014**

► Keep for your records

Name as Shown on Return FAM MOZA CORP				Employer Identification No. 45-3829320	
	2010	2011	2012	2013	2014
1 Gross receipts . . . . .					738,087.
2 Cost of sales . . . . .					419,208.
3 Gross profit . . . . .					318,879.
4 Net capital gain . . . . .					
5 Other income . . . . .					
6 Total income . . . . .					318,879.
7 Salaries . . . . .					
8 Depreciation . . . . .					5,247.
9 Other deductions . . . . .					313,632.
10 Total deductions . . . . .					318,879.
11 Taxable income . . . . .					0.
12 Income tax . . . . .					
13 Alternative minimum tax . . . .					
14 General business credits . . . .					
15 Other credits . . . . .					
16 PHC tax . . . . .					
17 Recapture taxes . . . . .					
18 Tax liability . . . . .					
<b>For Controlled Group Members Only</b>					
Enter your share of the \$50,000, \$25,000 and \$9,925,000 taxable income brackets, and your share of the additional 5% tax and 3% tax for the prior years.					
	2010	2011	2012	2013	2014
19 \$50,000 bracket . . . . .					
20 \$25,000 bracket . . . . .					
21 \$9,925,000 bracket. . . . .					
22 Additional 5% tax. . . . .					
23 Additional 3% tax. . . . .					

**Electronic Filing Information Worksheet****2014**

Keep for your records

Name(s) shown on return

FAM MOZA CORP

Identifying number

45-3829320

**Part I – State Electronic Filing:**Check this box to force state only filing for all states selected to be filed electronically ☐**Part II – Electronic Return Originator Information**

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)

enter the EFIN for the ERO that is responsible for this return. . . . . ▶ 132168

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)

enter a PIN for the ERO that is responsible for filing return . . . . . ▶

ERO Name

STEPHEN J. GANNS, CPA

ERO Electronic Filers Identification Number (EFIN)

132168

ERO Address

7-11 SOUTH BROADWAY SUITE 209

ERO Employer Identification Number

13-3788282

City

WHITE PLAINS

State

NY

ZIP Code

10601

ERO Social Security Number or PTIN

P00206283

Country

**Part III – Paid Preparer Information**

Firm Name

STEPHEN J. GANNS, CPA

Preparer Social Security Number or PTIN

P00206283

Preparer Name

STEPHEN J. GANNS, CPA

Employer Identification Number

13-3788282

Address

7-11 SOUTH BROADWAY SUITE 209

Phone Number

(914) 682-7007

Fax Number

(914) 946-8286

City

WHITE PLAINS

State

NY

ZIP Code

10601

Country

Preparer E-mail Address

STEVE@GANNSCPA.COM

**Part IV – Amended Returns**

Enter the payment date to withdraw tax payment . . . . . ▶

Amount you are paying with the amended return . . . . . ▶

☐Check this box to file another **federal** amended return electronically☐

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐Check this box to file another **state and/or city** amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	California State Corporation
<input type="checkbox"/>	Georgia State Corporation
<input type="checkbox"/>	Massachusetts State Corporation
<input type="checkbox"/>	Michigan Business Tax
<input type="checkbox"/>	New York State Corporation
<input type="checkbox"/>	New York City Corporation
<input type="checkbox"/>	Pennsylvania State Corporation
<input type="checkbox"/>	Virginia State Corporation
<input type="checkbox"/>	West Virginia State Corporation
<input type="checkbox"/>	Wisconsin Non-Combined Corporation
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Part V – Name Control**

Name Control, enter here to override default . . . . .

FAMM

Form 1120, Page 1, Line 26

**Other Deductions Statement**

AMORTIZATION	4,667.
AUTOMOBILE AND TRUCK EXPENSE	3,419.
BANK CHARGES	2,033.
INSURANCE	11,658.
LEGAL AND PROFESSIONAL	4,583.
OFFICE EXPENSE	48.
OUTSIDE SERVICES	850.
UTILITIES	74,449.
PAYROLL PROCESSING FEES	1,537.
LEASED EQUIPMENT	5,639.
Total	108,883.

Form 1125, Line 5

**Other Costs Statement**

RESTAURANT SUPPLIES	67,963.
MERCHANT ACCOUNT FEES	20,535.
PAYROLL TAXES	9,678.
CONTRACT LABOR	21,070.
Total	119,246.

Form 1120, p1-2: U.S. Corporation Income Tax Return

Taxes and Licenses Smart Worksheet	
<b>A 1</b>	State taxes . . . . .
<b>2</b>	State taxes from Schedule K-1 (1065) . . . . .
<b>B</b>	Local property taxes . . . . .
<b>C 1</b>	Payroll taxes . . . . .
<b>2</b>	Less: Credit from Form 8846 . . . . .
<b>D</b>	Other miscellaneous taxes . . . . .
<b>E</b>	Licenses . . . . . 1,705.
<b>F</b>	Other taxes from Schedule K-1 (1065) . . . . .

Form 1120, p1-2: U.S. Corporation Income Tax Return

Depreciation Smart Worksheet	
<b>A</b>	To enter assets, <b>QuickZoom</b> to Asset Entry Worksheet . . . . . →
<b>B</b>	To view a calculated report of all depreciation information, <b>QuickZoom</b> to Depreciation Reports. . . . . →
<b>C</b>	<b>QuickZoom</b> to Form 4562 . . . . . →
Total Depreciation . . . . . 5,247.	
Depreciation claimed on Form 1125-A and elsewhere on return. . . . .	

Form 1120, p3-5: U.S. Corporation Income Tax Return

Book Depreciation/Amortization Options Smart Worksheet	
<b>A</b>	<input type="checkbox"/> Check if book depreciation equals tax depreciation. Otherwise, enter book depreciation expense here . . . . .
<b>B</b>	<input checked="" type="checkbox"/> Check if book amortization equals tax amortization. Otherwise, enter book amortization expense here . . . . .

2014 CT-3

Pg 29 of 46  
New York State Department of Taxation and Finance  
**General Business Corporation  
Franchise Tax Return**

## Tax Law — Article 9-A

See Form CT-3/4-I before completing return.

All filers must enter tax period:

Final return <input type="checkbox"/> Amended return <input type="checkbox"/>		beginning <u>01-01-14</u> ending <u>12-31-14</u>	
Employer identification number (EIN) <u>45-3829320</u>	File number <u>AA3</u>	Business telephone number <u>914-437-9388</u>	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/> If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <u>FAM MOZA CORP</u>		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation <u>NY</u>	Date rec'd (for Tax Department use only)
Number and street or PO box <u>706 CENTRAL PARK AVENUE</u>		Date of incorporation <u>11-10-11</u>	
City <u>SCARSDALE</u>	State <u>NY</u>	ZIP code <u>10583</u>	Foreign corporations: date began business in NYS
NAICS business code no. (from NYS Pub 910) <u>722511</u>	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business Information</i> in Form CT-1.	
NYS principal business activity <u>RESTAURANT</u>		Audit (for Tax Department use only)	

**Metropolitan transportation business tax (MTA surcharge)**

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box)

Yes ☒ No ☐

<b>A.</b> Pay amount shown on line 93. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
	A. <u>475.</u>

**B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return.**

Form 1120. . . . . ☒ Form 1120-H . . . . . ☐ Form 1120-REIT or Form 1120-RIC ☐  
 Consolidated basis ☐ Form 1120S. . . . . ☐ Other: ☐

**C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach**Form CT-60-QSSS. . . . . ☐**D. Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).****E. Do you have an interest in, or have you rented, real property located in New York State? (mark an X in one box)**Yes ☒ No ☐If Yes, enter the county WESTCHESTER and the value of such property or rent 122,763.**F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark one box)**Yes ☐ No ☒**G. If you marked the Consolidated basis box in line B above, complete the following:**

1. Number of corporations included in the federal consolidated group. . . . .
2. Total consolidated federal taxable income (FTI) before the net operating loss deduction (NOLD). . . . .
3. If substantially all of the voting stock of this corporation is owned or controlled, directly or indirectly, by another corporation, give the name and EIN of that corporation below.

Legal name of corporation

EIN

**H. Do you have an interest in any partnerships? (mark an X in the appropriate box)**Yes ☐ No ☒

If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

**I. Did you include a disregarded entity in this return? (mark an X in the appropriate box).**Yes ☐ No ☒

If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

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FAM MOZA CORP

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**Computation of entire net income (ENI) base**

1	FTI before net operating loss (NOL) and special deductions (see instructions)	1	72,469.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions)	2	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock (see instructions)	3	
4a	Interest deductions directly attributable to subsidiary capital (see instructions)	4a	0.
4b	Noninterest deductions directly attributable to subsidiary capital (see instructions)	4b	0.
5a	Interest deductions indirectly attributable to subsidiary capital (see instructions)	5a	0.
5b	Noninterest deductions indirectly attributable to subsidiary capital (see instructions)	5b	0.
6	New York State and other state and local taxes deducted on your federal return (see instructions)	6	
7	Federal depreciation from Form CT-399, if applicable (see instructions)	7	
8	Other additions (see instructions)	8	
9	Add lines 1 through 8.	9	72,469.
10	Income from subsidiary capital (from Form CT-3-ATT, line 26; see instructions)	10	
11	Fifty percent of dividends from nonsubsidiary corporations (see instructions)	11	
12	Foreign dividends gross-up not included on lines 10 and 11 (see instructions)	12	
13	New York NOLD (attach federal and New York State computations, see instr.)	13	72,469.
14	Allowable New York State depreciation from Form CT-399; if applicable (see instrs.)	14	
15	Other subtractions (see instructions)	15	
16	Total subtractions (add lines 10 through 15)	16	72,469.
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42)	17	0.
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above; see instructions)	18	0.
19	Business income before allocation (subtract line 18 from line 17)	19	0.
20	Allocated investment income (multiply line 18 by $\frac{100.0000}{100.0000} \%$ from Form CT-3-ATT, line 5)	20	0.
21	Allocated business income (multiply line 19 by $\frac{100.0000}{100.0000} \%$ from line 119, 121, or 141; see instr.)	21	0.
22	Total allocated income (add lines 20 and 21)	22	0.
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69, see instructions)	23	
24	ENI base (line 22 plus or minus line 23; see instructions)	24	0.
25	ENI base tax (see instructions; multiply line 24 by the appropriate rate from the Tax rates schedule in Form CT-3/4-I; enter here and on line 72)	25	

**Computation of capital base (enter whole dollars for lines 26 through 31; see instructions)**

	A Beginning of year	B End of year	C Average value
26 Total assets from federal return	83,399.	77,039.	80,219.
27 Real property and marketable securities included on line 26			
28 Subtract line 27 from line 26	83,399.	77,039.	80,219.
29 Real property and marketable securities at fair market value			
30 Adjusted total assets (add lines 28 and 29)	83,399.	77,039.	80,219.
31 Total liabilities	180,014.	98,224.	139,119.
32 Total capital (subtract line 31, column C, from line 30, column C)			-58,900.
33 Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0)			0.
34 Business and investment capital (subtract line 33 from line 32)			-58,900.
35 Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0)			0.
36 Business capital (subtract line 35 from line 34)			-58,900.
37 Allocated investment capital (multiply line 35 by $\frac{100.0000}{100.0000} \%$ from Form CT-3-ATT, line 5)			0.
38 Allocated business capital (multiply line 36 by $\frac{100.0000}{100.0000} \%$ from line 119, 121, or 141)			-58,900.
39 Capital base (add lines 37 and 38)			-58,900.
40 Capital base tax			
41 Issuer's allocation percentage		100.0000 %	



**Computation of minimum taxable income (MTI) base (see instructions)**

42	ENI from line 17	42	0.
<b>Adjustments (see instructions for lines 43 through 50)</b>			
43	Depreciation of tangible property placed in service after 1986	43	0.
44	Amortization of mining exploration and development costs paid or incurred after 1986	44	0.
45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only)	45	0.
46	Basis adjustments in determining gain or loss from sale or exchange of property	46	0.
47	Long term contracts entered into after February 28, 1986.	47	0.
48	Installment sales of certain property	48	0.
49	Merchant marine capital construction funds	49	0.
50	Passive activity loss (closely held and personal service corporations only)	50	0.
51	Add lines 42 through 50	51	
<b>Tax preference items</b>			
52	Depletion (see instructions)	52	0.
53			
54	Intangible drilling costs (see instructions)	54	0.
55	Add lines 51 through 54	55	0.
56	New York NOLD from line 13 (see instructions)	56	72,469.
57	Add lines 55 and 56	57	72,469.
58	Alternative net operating loss deduction (ANOLD) (see instructions)	58	65,221.
59	MTI (subtract line 58 from line 57)	59	7,248.
60	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21)	60	0.
61	Investment income not included in ENI but included in MTI (see instructions)	61	
62	Investment income before apportioned ANOLD (add lines 60 and 61)	62	0.
63	Apportioned New York ANOLD (see instructions)	63	0.
64	Alternative investment income before allocation (subtract line 63 from line 62; see instructions)	64	0.
65	Alternative business income before allocation (subtract line 64 from line 59)	65	7,248.
66	Allocated alternative business income (multiply line 65 by $\frac{100.0000}{\%}$ from line 119, 121, or 161)	66	7,248.
67	Allocated alternative investment income (multiply line 64 by $\frac{100.0000}{\%}$ from Form CT-3-ATT, line 5)	67	0.
68	Allocated MTI (add lines 66 and 67)	68	7,248.
69	Optional depreciation adjustments from line 23	69	
70	MTI base (line 68 plus or minus line 69)	70	7,248.
71	Tax on MTI base (multiply line 70 by appropriate rate; see instructions)	71	109.

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**Computation of tax**

72	Tax on ENI base from line 25		72	
73	Tax on capital base from line 40 (see instructions)		73	
New small business: First year <input type="checkbox"/> Second year <input type="checkbox"/>				
<b>You must enter an amount on line 74a below; if none, enter 0.</b>				
74a	New York receipts (see instructions)	74a	738,087.	
74b	Fixed dollar minimum tax (see instructions)	74b		500.
75	Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception)	75		500.
76	Subsidiary capital base from Form CT-3-ATT, line 31	76		
77	Subsidiary capital base tax from Form CT-3-ATT, line 32	77		
78	Tax due before credits (add lines 75 and 77)	78		500.
79	Tax credits (see instructions)	79		
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0)	80		500.
81	Amount from line 71 or 74b, whichever is larger	81		500.
82	Tax due (see instructions)	82		500.
<b>First installment of estimated tax for next period:</b>				
83a	If you filed a request for extension, enter amount from Form CT-5, line 2	83a		0.
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions	83b		0.
84	Add line 82 and line 83a or 83b	84		500.
85	Total prepayments from line 106	85		25.
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0)	86		475.
87	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	87		0.
88	Interest on late payment (see instructions)	88		
89	Late filing and late payment penalties (see instructions)	89		
90	Balance (add lines 86 through 89)	90		475.
<b>Voluntary gifts/contributions (see instructions):</b>				
91a	Return a Gift to Wildlife	91a		
91b	Breast Cancer Research and Education Fund	91b		
91c	Prostate and Testicular Cancer Research and Education Fund	91c		
91d	9/11 Memorial	91d		
91e	Volunteer Firefighting & EMS Recruitment Fund	91e		
91f	Veterans Remembrance	91f		
92	Total (add lines 84, 87, 88, 89, and 91a through 91f)	92		500.
93	Balance due (If line 85 is less than line 92, subtract line 85 from line 92 and enter here. This is the amount due; enter the payment amount on line A on page 1)	93		475.
94	Overpayment (If line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions)	94		0.
95	Amount of overpayment to be credited to next period (see instructions)	95		
96	Balance of overpayment (subtract line 95 from line 94; see instructions)	96		
97	Amount of overpayment to be credited to Form CT-3M/4M (see instructions)	97		
98	Refund of overpayment (subtract line 97 from line 96; see instructions)	98		
99a	Refund of unused tax credits (see instructions and attach appropriate forms)	99a		
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach appropriate forms)	99b		

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**Summary of credits claimed on line 79 against current year's franchise tax** (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in the box) Yes ☐ No ☒

Form CT-38, line 28 . . . . .	<input type="text"/>	Form CT-259 . . . . .	<input type="text"/>	Form CT-633 . . . . .	<input type="text"/>
Form CT-40 . . . . .	<input type="text"/>	Form CT-261 . . . . .	<input type="text"/>	Form CT-634 . . . . .	<input type="text"/>
Form CT-41 . . . . .	<input type="text"/>	Form CT-501 . . . . .	<input type="text"/>	Form CT-635 . . . . .	<input type="text"/>
Form CT-43 . . . . .	<input type="text"/>	Form CT-502 . . . . .	<input type="text"/>	Form CT-636 . . . . .	<input type="text"/>
Form CT-44 . . . . .	<input type="text"/>	Form CT-601 . . . . .	<input type="text"/>	Form CT-637 . . . . .	<input type="text"/>
Form CT-46 . . . . .	<input type="text"/>	Form CT-601.1 . . . . .	<input type="text"/>	Form CT-638 . . . . .	<input type="text"/>
Form CT-47 . . . . .	<input type="text"/>	Form CT-602 . . . . .	<input type="text"/>	Form CT-639 . . . . .	<input type="text"/>
Form CT-236 . . . . .	<input type="text"/>	Form CT-603 . . . . .	<input type="text"/>	Form CT-640 . . . . .	<input type="text"/>
Form CT-238 . . . . .	<input type="text"/>	Form CT-604 . . . . .	<input type="text"/>	Form CT-641 . . . . .	<input type="text"/>
Form CT-239 . . . . .	<input type="text"/>	Form CT-605 . . . . .	<input type="text"/>	Servicing mortgages credit . . . . .	<input type="text"/>
Form CT-241 . . . . .	<input type="text"/>	Form CT-606 . . . . .	<input type="text"/>	Form DTF-621 . . . . .	<input type="text"/>
Form CT-242 . . . . .	<input type="text"/>	Form CT-607 . . . . .	<input type="text"/>	Form DTF-622 . . . . .	<input type="text"/>
Form CT-243 . . . . .	<input type="text"/>	Form CT-611 . . . . .	<input type="text"/>	Form DTF-624 . . . . .	<input type="text"/>
Form CT-246 . . . . .	<input type="text"/>	Form CT-611.1 . . . . .	<input type="text"/>	Form DTF-630 . . . . .	<input type="text"/>
Form CT-248 . . . . .	<input type="text"/>	Form CT-612 . . . . .	<input type="text"/>	Other credits . . . . .	<input type="text"/>
Form CT-249 . . . . .	<input type="text"/>	Form CT-613 . . . . .	<input type="text"/>		
Form CT-250 . . . . .	<input type="text"/>	Form CT-631 . . . . .	<input type="text"/>		

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box ☐

If you claimed the tax-free NY area tax elimination credit and you had a 100% area allocation factor, mark an X in the box ☐

If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box ☐

100a Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed)	100a	<input type="text"/>
100b Total tax credits above that are refund eligible (see instructions)	100b	<input type="text"/>

**Composition of prepayments on line 85** (see instructions)

	Date paid	Amount
101 Mandatory first installment . . . . .	101	<input type="text"/>
102a Second installment from Form CT-400 . . . . .	102a	<input type="text"/>
102b Third installment from Form CT-400 . . . . .	102b	<input type="text"/>
102c Fourth installment from Form CT-400 . . . . .	102c	<input type="text"/>
103 Payment with extension request from Form CT-5, line 5 . . . . .	103 03-15-15	25.
104 Overpayment credited from prior years (see instr.) . . . . .	104	<input type="text"/>
105 Overpayment credited from Form CT-3M/4M . . . . .	105	<input type="text"/>
106 Total prepayments (add lines 101 through 105; enter here and on line 85) . . . . .	106	25.

107 If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name <input type="text"/>	EIN <input type="text"/>
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If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name <input type="text"/>	EIN <input type="text"/>
---------------------------	--------------------------

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**Interest paid to shareholders (see instructions)**

<b>108</b> Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an <b>X</b> in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary)			<b>108</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Shareholder's name		SSN or EIN			
Interest paid to shareholder	Total indebtedness to shareholder described above	Total interest paid			
<b>109</b> Is there written evidence of the indebtedness? (mark an <b>X</b> in the appropriate box)			<b>109</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>110</b> Interest deducted in computing FTI on line 1 of this form			<b>110</b>	1,057.	
<b>111</b> If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years			<b>111</b>		

**Schedule A, Part 1 – Computation of business allocation percentage for aviation corporations (see instructions)**

		A New York State	B Everywhere	
<b>112a</b> Revenue aircraft arrivals and departures (see instr.)	<b>112a</b>			
<b>112b</b> Adjustment per Tax Law, Article 9-A, section 210.3(a)(7)(A)	<b>112b</b>	.60		
<b>112c</b> Adjusted NYS revenue aircraft arrivals and departures (multiply line 112a, column A, by line 112b)	<b>112c</b>			
<b>113</b> New York State percentage (divide line 112c by line 112a, column B)	<b>113</b>			%
<b>114a</b> Revenue tons handled (see instructions)	<b>114a</b>			
<b>114b</b> Adjustment per Tax Law section 210.3(a)(7)(A)	<b>114b</b>	.60		
<b>114c</b> Adjusted NYS revenue tons handled (multiply line 114a, column A, by line 114b)	<b>114c</b>			
<b>115</b> New York State percentage (divide line 114c by line 114a, column B)	<b>115</b>			%
<b>116a</b> Originating revenue (see instructions)	<b>116a</b>			
<b>116b</b> Adjustment per Tax Law section 210.3(a)(7)(A)	<b>116b</b>	.60		
<b>116c</b> Adjusted NYS originating revenue (multiply line 116a, column A, by line 116b)	<b>116c</b>			
<b>117</b> New York State percentage (divide line 116c by line 116a, column B)	<b>117</b>			%
<b>118</b> Total (add lines 113, 115, and 117)	<b>118</b>			%
<b>119</b> New York business allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>119</b>			%

**Schedule A, Part 2 – Computation of business allocation percentage for trucking and railroad corporations (see instr.)**

		A New York State	B Everywhere	
<b>120</b> Revenue miles	<b>120</b>			
<b>121</b> New York State business allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>121</b>			%

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**Schedule A, Part 3 – Computation of business allocation percentage** (see instructions)

Number of New York State employees . . . . . 8

Wages paid to New York State employees (see line 138 instructions) . . . . . 92,810.

Are you principally engaged in the activity of an air freight forwarder acting as principal or like indirect air carrier,  
or are you a qualified foreign air carrier? (mark an X in the appropriate box) . . . . . Yes ☐ No ☒If No, complete **only** lines 129 through 136 and enter on line 141 the receipts factor computed on line 136. The receipts factor is the business allocation percentage.

		A New York State	B Everywhere
<b>Average value of property</b> (see instructions)			
122 Real estate owned . . . . .	122		
123 Real estate rented . . . . .	123		
124 Inventories owned . . . . .	124		
125 Tangible personal property owned . . . . .	125		
126 Tangible personal property rented . . . . .	126		
127 Total (add lines 122 through 126) . . . . .	127		
128 New York State property factor (divide line 127, column A, by line 127, column B) . . . . .	128		%

**Receipts in the regular course of business from:**

129 Sales of tangible personal property allocated to New York State (see instructions) . . . . .	129		
130 All sales of tangible personal property (see instructions) . . . . .	130		
131 Services performed (see instructions) . . . . .	131		
132 Rentals of property (see instructions) . . . . .	132		
133 Royalties (see instructions) . . . . .	133		
134 Other business receipts (see instructions) . . . . .	134		
135 Total (add lines 129 through 134) . . . . .	135		
136 New York State receipts factor (divide line 135, column A, by line 135, column B; see instructions) . . . . .	136		%
137 New York State additional receipts factor (see instructions) . . . . .	137		%

**Payroll**

138 Wages and other compensation of employees, except general executive officers (see instr.) . . . . .	138		
139 New York State payroll factor (divide line 138, column A, by line 138, column B) . . . . .	139		%
140 Total New York State factors (add lines 128, 136, 137, and 139) . . . . .	140		%
141 New York State business allocation percentage (see instructions) . . . . .	141		%

**Schedule A, Part 4 – Computation of alternative business allocation percentage for MTI base** (see instructions)If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete **only** lines 149 through 156 and enter on line 161 the receipts factor computed on line 156. The receipts factor is the alternative business allocation percentage.

		A – New York State	B – Everywhere
<b>Average value of property</b> (see instructions)			
142 Real estate owned . . . . .	142		
143 Real estate rented . . . . .	143		
144 Inventories owned . . . . .	144		
145 Tangible personal property owned . . . . .	145		
146 Tangible personal property rented . . . . .	146		
147 Total (add lines 142 through 146) . . . . .	147		
148 New York State property factor (divide line 147, column A, by line 147, column B) . . . . .	148		%



**Receipts in the regular course of business from:**

149 Sales of tangible personal property allocated to New York State (see instructions)	149		
150 All sales of tangible personal property . . . . .	150		
151 Services performed (see instructions) . . . . .	151		
152 Rentals of property . . . . .	152		
153 Royalties . . . . .	153		
154 Other business receipts . . . . .	154		
155 Total (add lines 149 through 154) . . . . .	155		
156 New York State receipts factor (divide line 155, column A, by line 155, column B; see instructions) . . . . .	156		%
157 New York State additional receipts factor (see instructions) . . . . .	157		%

**Payroll**

158 Wages and other compensation of employees, except general executive officers . . . . .	158		
159 New York State payroll factor (divide line 158, column A, by line 158, column B) . . . . .	159		%
160 Total New York State factors (add lines 148, 156, 157, and 159) . . . . .	160		%
161 Alternative business allocation percentage (see instructions) . . . . .	161		%

162 Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the line 25 instructions of Form CT-3/4-I; mark an X in the appropriate box) . . . . .	162	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
163 If you marked Yes on line 162, enter total capital contributions (see worksheet in instructions) . . . . .	163		2,000
164 Are you claiming qualified New York manufacturer status, which includes eligible qualified New York manufacturers and qualified emerging technology companies (QETCs), for a lower capital tax base rate and limitation? (see instructions; mark an X in the appropriate box) . . . . .	164	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
165 Are you claiming qualified New York manufacturer or eligible qualified New York manufacturer status for a lower ENI tax rate? (see instructions; mark an X in the appropriate box) . . . . .	165	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
166 Are you claiming eligible qualified New York manufacturer status for a lower MTI rate or fixed dollar minimum? (see instructions; mark an X in the appropriate box) . . . . .	166	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
167 Are you a qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot and have elected to be subject only to the fixed dollar minimum tax base? (mark an X in the appropriate box) . . . . .	167	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
168 Are you claiming QETC status for a lower ENI rate? (see instructions; mark an X in the appropriate box) . . . . .	168	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
169 Are you claiming qualified New York manufacturer or QETC status for a lower MTI rate or fixed dollar minimum? (see instructions; mark an X in the appropriate box) . . . . .	169	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
170 Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? (mark an X in the appropriate box) . . . . .	170	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**Amended return information** — If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination . . . . .	<input type="checkbox"/>	If marked, enter date of determination: . . . . .	
Net operating loss (NOL) carryback . . . . .	<input type="checkbox"/>	Capital loss carryback . . . . .	<input type="checkbox"/>
Federal return filed . . . . . Form 1139	<input type="checkbox"/>	Form 1120X . . . . .	<input type="checkbox"/>

**Net operating loss (NOL) information**

New York State NOL carryover total available for use this tax year from all prior tax years . . . . .	73,626.
Federal NOL carryover total available for use this tax year from all prior tax years . . . . .	84,342.
New York State NOL carryforward total for future tax years . . . . .	1,157.
Federal NOL carryforward total for future tax years . . . . .	11,873.

**Corporations organized outside New York State:** Complete the following for capital stock issued and outstanding.

Number of per shares	Value	Number of no-par shares	Value
\$		\$	



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<b>Third – party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's e-mail address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person GREGORIO CORDERO	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person		Telephone number 914-437-9388
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) STEPHEN J. GANNS, CPA		Firm's EIN 13-3788282
	Signature of individual preparing this return STEPHEN J. GANNS, CPA		Preparer's PTIN or SSN P00206283
	Address 7-11 SOUTH BROADWAY SUITE 209 WHITE PLAINS	City WHITE PLAINS	State NY
	E-mail address of individual preparing this return STEVE@GANNSCPA.COM	ZIP code 10601	Preparer's NYTPRIN
			Date 06-09-15

See instructions for where to file.

NYCA0178 12/11/14

419009141030



2014

CT-3M/4M

# General Business Corporation MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

All filers must enter tax period:

Amended return ☐

beginning

01-01-14

ending

12-31-14

Employer identification number (EIN) <b>45-3829320</b>	File number <b>AA3</b>	Business telephone number <b>914-437-9388</b>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>FAM MOZA CORP</b>		Trade name/DBA	
Mailing name (if different from legal name above) <b>c/o</b>		State or country of incorporation <b>NY</b>	Date received (for Tax Department use only)
Number and street or PO box <b>706 CENTRAL PARK AVENUE</b>		Date of incorporation <b>11-10-11</b>	
City <b>SCARSDALE</b>	State <b>NY</b>	ZIP code <b>10583</b>	Foreign corporations: date began business in NYS

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

File this form with your Form CT-3, CT-3-A, or CT-4. Before completing this return, see Form CT-3M/4M-I, *Instructions for Form CT-3M/4M*.

A. Pay amount shown on line 12. Make payable to: <b>New York State Corporation Tax</b> ← Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed <b>81.</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--------------------------------

**Computation of MTA surcharge**

1 Net New York State franchise tax (see instructions)	1	500.
2 MCTD allocation percentage from line 35, line 43, or line 45.	2	100.0000 %
3 Allocated franchise tax (multiply line 1 by line 2)	3	500.
4 MTA surcharge (multiply line 3 by 17% (.17))	4	85.
<b>First installment of estimated tax for next period:</b>		
5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a	0.
5b If you did not file Form CT-5 or CT-5.3, see instructions	5b	0.
6 Add lines 4 and line 5a or 5b	6	85.
7 Total prepayments from line 52	7	4.
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8	81.
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	9	0.
10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)	10	
11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)	11	
12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12	81.
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13	
14 Amount of overpayment to be credited to New York State franchise tax (see instructions)	14	
15 Amount of overpayment to be credited to MTA surcharge for next period (see instructions)	15	
16 Amount of overpayment to be refunded (see instructions)	16	

**Schedule A — Computation of MCTD allocation percentage (see instructions)****Schedule A, Part 1 — MCTD allocation (see instructions)**

Average value of property	A MCTD	B New York State
17 Real estate owned (see instructions)	17	
18 Real estate rented (see instructions)	18	
19 Inventories owned	19	
20 Tangible personal property owned (see instructions)	20	
21 Tangible personal property rented (see instructions)	21	
22 Total (add lines 17 through 21)	22	
23 MCTD property factor (divide line 22, column A, by line 22, column B)		23

(continued)



FAM MOZA CORP

45-3829320

**Receipts in the regular course of business from:**

(see instructions for lines 24 through 29)

24	Sales of tangible personal property allocated to the MCTD . . . . .	24		
25	Sales of tangible personal property allocated to New York State . . . . .	25		
26	Services performed . . . . .	26		
27	Rentals of property . . . . .	27		
28	Royalties . . . . .	28		
29	Other business receipts . . . . .	29		
30	Total (add lines 24 through 29) . . . . .	30		
31	MCTD receipts factor (divide line 30, column A, by line 30, column B) . . . . .	31		%
32	Payroll — Wages and other compensation of employees except general executive officers . . . . .	32		
33	MCTD payroll factor (divide line 32, column A, by line 32, column B) . . . . .	33		%
34	Total MCTD factors (add lines 31, and 33) . . . . .	34		%
35	MCTD allocation percentage (see Instr. divide line 34 by three or by the number of factors; enter here and on line 2) . . . . .	35		%

**Schedule A, Part 2 — Computation of MCTD allocation for aviation corporations (see instructions)**

	A MCTD	B New York State
36 Revenue aircraft arrivals and departures . . . . .	36	
37 MCTD percentage (divide line 36, column A, by line 36, column B) . . . . .	37	%
38 Revenue tons handled . . . . .	38	
39 MCTD percentage (divide line 38, column A, by line 38, column B) . . . . .	39	%
40 Originating revenue . . . . .	40	
41 MCTD percentage (divide line 40, column A, by line 40, column B) . . . . .	41	%
42 Total (add lines 37, 39, and 41) . . . . .	42	%
43 MCTD allocation percentage (divide line 42 by three; enter here and on line 2) . . . . .	43	%

**Schedule A, Part 3 — Computation of MCTD allocation for trucking and railroad corporations (see instructions)**

	A MCTD	B New York State
44 Revenue miles . . . . .	44	
45 MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2) . . . . .	45	%

**Composition of prepayments claimed on line 7 (see instructions)**

	Date paid	Amount
46 Mandatory first installment . . . . .	46	
47a Second installment from Form CT-400 . . . . .	47a	
47b Third installment from Form CT-400 . . . . .	47b	
47c Fourth installment from Form CT-400 . . . . .	47c	
48 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13 . . . . .	48 03-15-15	4.
49 Overpayment credited from prior years . . . . .	49	
50 Add lines 46 through 49 . . . . .	50	4.
51 Overpayment credited from Form CT- Period	51	
52 Total prepayments (add lines 50 and 51; enter here and on line 7) . . . . .	52	4.

<b>Third-party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's e-mail address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City
	State	ZIP code	
	E-mail address of individual preparing this return	Preparer's NYTPRN	Date

See instructions for where to file.

NYGA0912 12/22/14

439002141030



New York State Department of Taxation and Finance

2014

**Request for Six-Month Extension to File****CT-5****(for franchise/business taxes, MTA surcharge, or both)****Tax Law — Articles 9-A, 13, 32, and 33**

All filers must enter tax period:

Employer identification number (EIN)	File number	Business telephone number	beginning	01-01-14	ending	12-31-14
45-3829320	AA3	914-437-9388				
Legal name of corporation			Trade name/DBA			
FAM MOZA CORP						
Mailing name (if different from legal name) and address			State or country of Inc		Date received (for Tax Department use only)	
c/o			NY			
Number and street or PO box			Date of Incorporation			
706 CENTRAL PARK AVENUE			11-10-11			
City		State	ZIP code	Foreign corporations: date began business in NYS		Audit use
SCARSDALE		NY	10583			
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.						

**Request for extension of time to file the following forms:** Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file both returns.

**Note:** Do not use this form if you are a combined filer; use Form CT-5.3 instead.

Article 9-A		Article 13	Article 32		Article 33	
CT-3 <input checked="" type="checkbox"/>	CT-3M/4M <input checked="" type="checkbox"/>	CT-13 <input type="checkbox"/>	CT-32 <input type="checkbox"/>	CT-32-M <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-M <input type="checkbox"/>
CT-4 <input type="checkbox"/>					CT-33-C <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

**A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax**  
 Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

A

29.

**Computation of estimated franchise tax**

1 Franchise tax from the worksheet in Form CT-5-I . . . . .	1	25.
2 First installment of estimated tax for the next tax year (see instructions) . . . . .	2	0.
3 Total franchise tax and first installment (add lines 1 and 2) . . . . .	3	25.
4 Prepayments of franchise tax (from line 16, column A) . . . . .	4	
5 Balance due — franchise tax (subtract line 4 from line 3) . . . . .	5	25.

**Computation of estimated MTA surcharge**

6 MTA surcharge from the worksheet in Form CT-5-I . . . . .	6	4.
7 First installment of estimated MTA surcharge for the next tax year (see instructions) . . . . .	7	0.
8 Total MTA surcharge and first installment (add lines 6 and 7) . . . . .	8	4.
9 Prepayments of MTA surcharge (from line 16, column B) . . . . .	9	0.
10 Balance due — MTA surcharge (subtract line 9 from line 8) . . . . .	10	4.
11 Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above) . . . . .	11	29.

**Composition of prepayments** — Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment . . . . .	12 03-17-14		
13a Second installment from Form CT-400 . . . . .	13a 06-16-14		
13b Third installment from Form CT-400 . . . . .	13b 09-15-14		
13c Fourth installment from Form CT-400 . . . . .	13c 12-15-14		
14 Overpayment credited from prior years . . . . .	14		
15 Overpayment credited from Form CT- . . . . .	Period	15	
16 Total prepayments (total all entries in column A and column B) . . . . .	16		

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	STEPHEN J. GANNS, CPA		13-3788282	P00206283
	Signature of individual preparing this document	Address	City	State ZIP code
	STEPHEN J. GANNS, CPA	7-11 SOUTH BROADWAY SUITE 209	WHITE PLAINS	NY 10601
	E-mail address of individual preparing this document		Preparer's NYTPRN	Date
	STEVE@GANNSCPA.COM			06-09-15

See instructions for where to file.

455001141030



NYCA0712 06/04/14



Form CT-3 line 13  
Form CT-4 line 7

**Net Operating Loss Deduction**

**2014**  
**Statement 1**

Name <u>FAM MOZA CORP</u>	Employer Identification Number <u>45-3829320</u>
------------------------------	-----------------------------------------------------

**CURRENT LAW: Two year carryback, twenty year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2013 . . . . .	72,756.		72,756.
2012 . . . . .	20.		20.
2011 . . . . .	850.		850.
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			
1997 . . . . .			
Total new law . . . . .	73,626.		73,626.

**OLD LAW: Three year carryback, fifteen year carryover**

(A) Year NOL Incurred	(B) Carryover	(C) Less Carrybacks/ Carryovers	(D) Adjusted Carryover
2011 . . . . .			
2010 . . . . .			
2009 . . . . .			
2008 . . . . .			
2007 . . . . .			
2006 . . . . .			
2005 . . . . .			
2004 . . . . .			
2003 . . . . .			
2002 . . . . .			
2001 . . . . .			
2000 . . . . .			
1999 . . . . .			
1998 . . . . .			

1997 . . . . .			
Total Old Law . . . . .			

FAM MOZA CORP

45-3829320

**Net Operating Loss Summary**

<b>A</b> <b>NOL</b> <b>Carryover</b> <b>Year</b>	<b>B</b> <b>NOL</b> <b>Carryover</b> <b>Available</b>	<b>C</b> <b>Deduction</b> <b>Allowed in</b> <b>Current Year</b>	<b>D</b> <b>Remaining</b> <b>Carryover</b> <b>20 Years</b>	<b>E</b> <b>Remaining</b> <b>Carryover</b> <b>15 Years*</b>
2013 . . . . .	72,756.	71,599.	1,157.	
2012 . . . . .	20.	20.		
2011 . . . . .	850.	850.		
2010 . . . . .				
2009 . . . . .				
2008 . . . . .				
2007 . . . . .				
2006 . . . . .				
2005 . . . . .				
2004 . . . . .				
2003 . . . . .				
2002 . . . . .				
2001 . . . . .				
2000 . . . . .				
1999 . . . . .				
1998 . . . . .				
1997 . . . . .				
Totals . . . . .	73,626.	72,469.	1,157.	
Less: Carryover expiring due to 15-year limitation . . . . .				
Add: Current year net operating loss . . . . .				
Less: Carryback of current year net operating loss . . . . .				
Net operating loss carryover to next year . . . . .				1,157.

\* The 15 year carryover based on the Old Law reached it's final carryover year.

## New York State Corporation Information Worksheet 2014

► Keep for your records

### Part I – Identifying Information

Federal Employer Identification No. 45-3829320 File Number AA3  
 Legal Name of Corporation FAM MOZA CORP  
 Mailing Name c/o \_\_\_\_\_  
 Trade Name/DBA \_\_\_\_\_  
 Address 706 CENTRAL PARK AVENUE  
 City SCARSDALE State NY ZIP 10583  
 Foreign Province/County \_\_\_\_\_ Canadian Province Code \_\_\_\_\_  
 Foreign Code \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_  
 Business Telephone (914) 437-9388 Extension \_\_\_\_\_  
 Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Part II – Information Needed to Complete New York Return

#### Type of Return:

- ☐ Prepare Short-Form CT-4
- Yes No**
- ☐ ☒ Cooperative Housing Corporation
- ☐ ☒ Homeowners Association
- ☐ Filing Federal Form 1120-REIT or Form 1120-RIC

#### Innovation Hot Spot:

- ☐ Qualified New York Innovation hot spot subject to fix dollar minimum tax base

#### Manufacturer Status Claimed for Lower ENI, MTI and Capital Base Tax:

- ☐ Claiming eligible qualified New York manufacturer status
- ☐ Claiming qualified New York manufacturer status
- ☐ Claiming qualified emerging technology company (QETC) status

### Part III – Tax Year and Filing Information

☒ Calendar year Date of Incorporation 11/10/11  
☐ Fiscal year – Ending month \_\_\_\_\_ State/Country of Incorporation NY  
☐ Short year – Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

### Part IV – Electronic Filing Information

- ☒ The state return will be filed electronically

Enter the date return was EFiled \_\_\_\_\_  
 Enter the date return was accepted by the state \_\_\_\_\_  
 Enter the date Form CT-200-V was handled by Corporation \_\_\_\_\_

#### Electronic Filing of Estimated Payments:

- ☐ Estimated payments will be filed electronically

QuickZoom to Estimated Payment Worksheet to calculate your payments. ► \_\_\_\_\_

	Payment	Payment	Date to	Date	Date	Date	
Qtr	Amount	Due Date	Withdraw	Signed	Transmitted	Accepted	Completed

**Information Required for Electronic Filing:**

Officer's Name . . . . . GREGORIO CORDERO  
 (First Name) (Mid Initial) (Last Name)  
 Enter the title of signing officer . . . . . PRESIDENT

**Electronic Filing of Amended Return:**

☐ The amended return will be filed electronically  
☐ Another amended return will be filed electronically

FAM MOZA CORP

45-3829320 Page 2

**Part V – Electronic Funds Withdrawal Information**

Yes No

☐ ☒ Do you want electronic funds withdrawal of state tax payment (EF Only)? If not, use CT-200-V

☐ ☐ **Extension** - Do you want electronic funds withdrawal of tax due (EF Only)?

☐ ☐ **Amended Return** - Do you want electronic funds withdrawal of balance due (EF Only)?

If you selected electronic funds withdrawal, fill out the information below:

**Bank Information:**

Name of Financial Institution (optional) . . . . .  
 Check the appropriate box: . . . . . ☐ Checking ☐ Savings  
 Routing number . . . . .  
 Account number . . . . .

**Payment Information:**

Check a box to indicate ownership of bank account ☐ Business Account ☐ Personal Account  
 Enter the payment date to withdraw from the account above  
 State balance-due amount paid with this return

Electronic funds withdrawal amount due with **extension** information (*Electronic Filing Only*)

Enter settlement date to withdraw the extension amount from the account above . . . . .  
 State balance-due amount paid with this extension Form CT-5 . . . . .

Electronic funds withdrawal amount due with **amended return** information:

Enter settlement date to withdraw the tax due amount from the account above . . . . .  
 State balance-due amount paid with this amended return . . . . .

**International ACH Transactions**

Yes No

☐ ☐ Will the funds for this payment come from an account outside the U.S.?

**Part VI – Extension Status****Form CT-5:**

Yes No

☒ ☐ Has the tax return due date been extended? Extended due date. . . . . 09/15/15

**Form CT-5.1:**

Yes No

☐ ☒ Has the tax return due date been extended? Extended due date. . . . .

First extension will be filed electronically . . . . . ☐

Filing and acceptance information (*Electronic Filing Only*)

Extension accepted . . . . . ☐  
 Extension filing date . . . . .  
 Extension acceptance date . . . . .

**QuickZoom** to Prepayments Statement . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form CT-3, pages 1 and 2 . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form CT-4, pages 1 and 2 . . . . . ▶ \_\_\_\_\_

nycw0112.SCR 05/22/14

## Worksheet for Estimated Payments

2014

► Keep for your records

Name FAM MOZA CORP	Employer Identification No. 45-3829320
-----------------------	-------------------------------------------

### Part I – Computation of Franchise Tax Installments from Form CT-3 or Form CT-4

#### Estimated Tax Options

- A Suspend estimated tax calculations . . . . . ☒
- B Check here to file estimated payments electronically . . . . . ☐
- C 2015 estimated tax . . . . . ☐
- D 2014 overpayment to be applied . . . . . ☐

Rounding options:

None	<input checked="" type="checkbox"/>
\$10	<input type="checkbox"/>
\$100	<input type="checkbox"/>
\$1,000	<input type="checkbox"/>

	Due Dates	Enter Amount Already Paid	Check Next Voucher To Be Paid	Amount To Be Paid	Overpayment Applied	Net Due
*1			<input type="checkbox"/>			
2			<input checked="" type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			
Totals . .						

\*Note: First installment paid with return or request for extension if tax is greater than \$1000.

### Part II – Computation of MTA Surcharge Installments from Form CT-3M/4M

- A Suspend estimated MTA surcharge calculations . . . . . ☒
- B 2015 estimated tax . . . . . ☐
- C 2014 overpayment to be applied . . . . . ☐

Rounding options:

None	<input checked="" type="checkbox"/>
\$10	<input type="checkbox"/>
\$100	<input type="checkbox"/>
\$1,000	<input type="checkbox"/>

	Due Dates	Enter Amount Already Paid	Check Next Voucher To Be Paid	Amount To Be Paid	Overpayment Applied	Net Due
*1			<input type="checkbox"/>			
2			<input checked="" type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			
Totals . .						

\*Note: First Installment paid with return or request for extension if tax is greater than \$1000.